

**MOU MODIFICATION COVER SHEET****Check items or fill in the blanks, as appropriate:**

ADPICS BPO #:			OPASS #:		
Submitting Unit:			FMIS Department Code: M00		
Address:					
Unit Contract Monitor:					
Phone:			Email:		
Contractor:			FEIN:		
Address:					
Contract Monitor:					
Phone:			Email:		
Amount of this modification:	\$	PCA		AGENCY OBJECT	
Fiscal Year Breakdown:	FY \$	FY \$	FY \$	FY \$	FY \$
Funding Source:	General: %	Federal: %	*Special Funds: %	Reimbursable: %	Non Budgeted: %
Start Date:			End Date:		
Options:	Start:	End:	Amount:		
	Start:	End:	Amount:		
	Start:	End:	Amount:		
	Start:	End:	Amount:		
Purpose of this Modification:					
Projected Impact if Start Date (above) is not met:					
*Source of Special Funds:					

**PROCUREMENT PACKAGE SPECIFICATIONS**

Submit Procurement Package to OPASS at the address provided above. The Procurement Package must be complete and organized according to the specifications provided herewith.

**Check if present/completed:**

DBM attachment (if applicable)	<input type="checkbox"/>
Completed Cover Sheet	<input type="checkbox"/>
Three Signed Modification Documents	<input type="checkbox"/>
Fund Certification	<input type="checkbox"/>
Late Justification Letter (if applicable)	<input type="checkbox"/>
Interagency Report (if with an institution of higher education and \$100,000 or more)	<input type="checkbox"/>

I attest to the accuracy and completeness of this Procurement Package:

Type/Print Name of Procurement Coordinator	Phone	Signature of Procurement Coordinator/Date
Type/Print Name of Procurement Coordinator's Supervisor	Supervisor's email	

An email acknowledging receipt of this package will be sent to the DHMH Procurement Coordinator.